

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S) <div style="text-align: center; font-size: 1.2em;">09/445423</div>	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1		51	
2		1		1		1	52	
3		1		1		1	53	
4		3		1		1	54	
5	1		1		1		55	
6		1		1		1	56	
7		1		1		1	57	
8		1		1		1	58	
9		1		1		1	59	
10		1		1		1	60	
11							61	
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43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2		2		2		TOTAL IND.	
TOTAL DEP.	10		10		11		TOTAL DEP.	
TOTAL CLAIMS	12		12		13		TOTAL CLAIMS	